

ScholarShare® College Savings Plan Payroll Deduction Form

State of California Senate and Assembly

When you have completed this form, please provide your signature on page two and return it to **your employer**. Your first payroll deduction will usually be made within 30 days after you have mailed in your completed form. If you have any questions, please call us anytime at 1-800-544-5248 or visit us at www.ScholarShare.com.

Name (first, middle initial, last)	Social Security Number	Employee ID Number (if applicable)	
Street Address	City	State	Zip

Employer Name	Company Subsidiary or Division name (if applicable)
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☐ **Initiate payroll deduction for a ScholarShare College Savings Plan Account**

Please establish a total payroll deduction of \$. **per payroll period** for the ScholarShare College Savings Plan Account(s) indicated below (minimum of \$15 per month for each account). These are:

☐ new account(s) I am establishing. ☐ existing Fidelity-managed 529 Plan Accounts.

Name and Social Security # of Beneficiary				Account # (if existing account) Account numbers are required	% of payroll deduction to each account
1.	—	/	/		
2.	—	/	/		
3.	—	/	/		
4.	—	/	/		
					100%

Please modify my current payroll deduction according to the following instructions (select all that apply):

☐ Change my total pay period deduction* from \$. to \$.

*minimum of \$15 per month for each account.

☐ Change the percentage allocation to my Beneficiary(ies) as shown below:

Name and Social Security # of Beneficiary	Account #	Current pay period %	Future pay periods %
1. — / /			
2. — / /			
3. — / /			
4. — / /			
<input type="checkbox"/> Spouse or child dependent		100%	100%

☐ Stop a current payroll deduction

Please stop the entire payroll deduction supporting my ScholarShare College Savings Plan Account(s).

4 SIGNATURE

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into my ScholarShare Account(s). I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize ScholarShare and its agents to make adjustments to my Account(s) to correct such error.

I understand that my ScholarShare Account(s) may not be credited with my payroll deduction until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to my Account(s). This authorization will remain in effect until cancelled by me or by ScholarShare, or upon termination of my employment with my employer.

Signature

Date (mm/dd/yy)